

Dental Plus

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Introduction

Keeping your family's smile healthy is not only important to you but also to the State Dental Plan. That's why we've added a supplemental dental program, Dental Plus, to help you and your family maintain healthy smiles.

Dental Plus is an additional dental program that provides a higher level of coverage for dental services covered under the State Dental Plan. Dental Plus is not an offset program that pays what the State Dental Plan does not. Instead it covers the *same procedures and services* (except orthodontia) at the *same percentage rate of coverage* as the State Dental Plan, but at a *higher* allowance or dollar amount for the charges. And Dental Plus provides this higher level of coverage at affordable rates.

Enrollment

Initial Enrollment

If you are an eligible employee of a participating entity of the state of South Carolina, you can enroll in Dental Plus within 31 days of the date you are hired by completing an NOE. You can also enroll your eligible dependents. Your coverage begins on the first day of the calendar month coinciding with or following the date you begin employment and are actively at work. Coverage for dependents who enroll at the same time you do begins when your coverage becomes effective. To participate in Dental Plus, you must also be enrolled in the State Dental Plan and you must carry the same level of coverage.

If you do not enroll when you are hired, you must wait until the next open enrollment period to enroll or within 31 days of a special eligibility situation. Open enrollment is held every other year. The next open enrollment will be held in October 2005 and your coverage will be effective on January 1 of the following year.

To enroll, you must complete the required forms, including an NOE. Coverage is not automatic. After you enroll, you should check your payroll stub to make sure your payroll deductions agree with the benefit level selected. Your coverage will continue from one year to the next as long as you are a full-time, permanent employee.

Please refer to the State Dental Plan section beginning on Page 65 for rules concerning eligibility, enrollment, special eligibility situations and transferring employees.

Premiums

Dental Plus premiums are paid entirely by you with no contribution from the state. Active employee premiums are paid on a pretax basis through MoneyPlus. Dental Plus premiums are **in addition** to State Dental Plan premiums. Dental Plus subscribers are required to carry the same level of coverage that they are enrolled in under the State Dental Plan. The monthly premiums are:

	State Dental Plan	Dental Plus	Total Monthly Premium
Employee	\$ 0.00	\$17.50	\$17.50
Employee/spouse	\$ 7.64	\$33.14	\$40.78
Employee/children	\$13.72	\$36.16	\$49.88
Full Family	\$21.34	\$51.80	\$73.14

Your Dental Plus Benefits

Keep in mind that some services may not be covered. Please refer to the Expenses Not Covered section on Page 88 of this guide for more details.

Class	Services Covered	Deductible	Percent Covered	Maximum Benefit
I Diagnostic and Preventive	Diagnostic and preventive procedures Cleaning and scaling of teeth Fluoride treatment Space maintainers (child) Emergency pain relief Radiographs (X-rays)	None	Up to 100% of allowance or charge (whichever is less)	\$1,500 per person each benefit year combined for Classes I, II and III
II Basic	Fillings Simple extractions Oral surgery Surgical extractions Preparation of mouth for dentures	No additional deductible	Up to 80% after State Dental Plan deductible is met	\$1,500 per person each benefit year combined for Classes I, II and III
III Prosthetics	Onlays Crowns Bridges Dentures Repair of Prosthetic Appliances	No additional deductible	Up to 50% after State Dental Plan deductible is met	\$1,500 per person each benefit year combined for Classes I, II and III
IV Orthodontia	Dental Plus does not offer orthodontia benefits			

How Dental Plus Works

Under Dental Plus, reimbursement will be based on what your dentist charges, up to the maximum Dental Plus allowance which is based on amounts that most of the dentists in South Carolina charge for particular services.

This means that your dental expenses will likely fall within these allowances and you will only be responsible for paying the deductible and coinsurance. If your dentist charges more for covered services than Dental Plus allows, **you** will be responsible for paying the difference unless your dentist has agreed to accept the Dental Plus allowance.

EIP offered agreements to all South Carolina dentists to accept the lesser of their usual charge or the Dental Plus maximum allowances. You can find the list of dentists that have accepted the agreement on the EIP Web site (www.eip.sc.gov). Dental Plus will pay benefits at the same level whether or not your dentist is on this list.

The **combined** annual maximum benefit for both the State Dental Plan and Dental Plus is \$1,500 per covered person (compared to \$1,000 with the State Dental Plan alone). However, since Dental Plus pays more than the State Dental Plan alone, covered dental benefits for an individual may reach the *combined* \$1,500 maximum before reaching the State Dental Plan's \$1,000 maximum. Although the combined maximum may be reached (and no more benefits would be paid under the Dental Plus program for the calendar year), the State Dental Plan would continue to pay benefits until its \$1,000 maximum is reached. In this situation it is possible to receive benefits from both the State Dental Plan and Dental Plus totaling more than \$1,500 in a year.

There are no additional deductibles and coinsurance under Dental Plus. However, there *is* a deductible under the State Dental Plan. That amount is \$25 per covered person annually for dental services under Class II and Class III. The maximum deductible for family coverage is for three persons, or \$75.

Claim Examples (using Class III procedure claims)

Under the State Dental Plan and Dental Plus, Class III dental benefits are paid at 50 percent of the allowance. Examples of how the two plans operate together, based on a crown (resin with predominant base metal), are illustrated below.

When Dentist's Charge Does Not Exceed Dental Plus Allowance	Dentist's charge for Class III procedure	\$680.00
	State Dental Plan (SDP) benefit	\$174.50 (50% of \$349 ¹)
	Dental Plus (DP) benefit	\$343.00 (50% of \$686 ²)
	Maximum reimbursable amount.....	\$340.00 (50% of dentist's charge or DP allowance, whichever is less)
	Maximum reimbursable amount	\$340.00
	SDP benefit	- \$174.50
	Remaining reimbursable amount	\$165.50
	Dental Plus benefit	-\$165.50
	Dentist's charge	\$680.00
	Total benefits paid	-\$340.00
	Patient owes	\$340.00 ³
If a Dentist's Charge Exceeds Dental Plus Allowance	Dentist's charge for Class III procedure	\$800.00
	State Dental Plan (SDP) benefit	\$174.50 (50% of \$349 ⁴)
	Dental Plus (DP) benefit	\$343.00 (50% of \$686 ⁵)
	Maximum reimbursable amount.....	\$343.00 (50% of Dentist's charge or DP allowance, whichever is less)
	Maximum reimbursable amount	\$343.00
	SDP benefit	- \$174.50
	Remaining reimbursable amount	\$168.50
	Dental Plus benefit	-\$168.50
	Dentist's charge	\$800.00
	Total benefits paid	-\$343.00
	Patient owes	\$457.00 ⁶

¹\$349 is the allowance for this procedure under the State Dental Plan.

²\$686 is the allowance for this procedure under Dental Plus.

³*Without Dental Plus, the patient would owe \$505.50 in this example.*

⁴\$349 is the allowance for this procedure under the State Dental Plan.

⁵\$686 is the allowance for this procedure under Dental Plus.

⁶*Without Dental Plus, the patient would owe \$625.50 in this example.*

Expenses Not Covered

The same dental expenses that are not covered by the State Dental Plan are also not covered under Dental Plus. Please refer to Pages 75 through 77 of this guide for a list of some of the excluded dental expenses. The dental plan document lists all of the exclusions.

Orthodontic Services

Dental Plus does not cover orthodontic services.

How to File a Claim

Since claims will continue to be filed to BlueCross BlueShield of South Carolina, you will not have any additional claim forms to fill out. BlueCross BlueShield will process your dental claims under the State Dental Plan first and then under Dental Plus (if you are enrolled in Dental Plus). See Page 73 of the State Dental Plan section for detailed information on filing a dental claim.

When Coverage Ends

Coverage Termination

Your Dental Plus coverage will end:

- ❖ the last day of the month you terminate your employment;
- ❖ the last day of the month you enter a class of employees not eligible for coverage (for example, a change from full-time to part-time status);
- ❖ the day following your date of death;
- ❖ the date Dental Plus is terminated for all employees; or
- ❖ if you do not pay the required premium when it is due. (For example, if you are on leave without pay or on COBRA and are paying full cost, you must make a monthly payment.)

Dependent coverage will end:

- ❖ the date your coverage ends;
- ❖ the date dependent coverage is no longer offered by Dental Plus; or
- ❖ the last day of the month your dependent is no longer eligible for coverage.

If your coverage or your dependent's coverage ends, you may be eligible for continuation of coverage as a retiree or survivor or under COBRA. If you are dropping a dependent from your coverage, you must complete an NOE within 31 days of the date the dependent is no longer eligible for coverage.

If You Are on Leave Without Pay

You can continue your coverage for up to 12 months if you are on leave without pay as long as you pay the required premiums. The leave of absence must be approved by your employer or must be a result of injury or sickness.¹

¹For information on Family Medical Leave, contact your benefits administrator.

COBRA

COBRA is short for the Consolidated Omnibus Budget Reconciliation Act. It requires that continuation of group insurance coverage be offered to you and your dependents if you are no longer eligible for coverage under this plan.

You can continue your dental coverage for a limited time under COBRA if you and your covered dependents lose coverage because:

- ❖ your working hours are reduced from full-time to part-time;
- ❖ your voluntarily quit work, are laid off or fired (unless the firing is due to gross misconduct);
- ❖ you are a separated or divorced spouse; or
- ❖ you are no longer eligible as a dependent child.

It is your responsibility to notify your benefits office within 60 days of the date you become divorced or separated, or the date your dependent child becomes ineligible for coverage.

To continue coverage under COBRA, you must complete and return an NOE to EIP within 60 days of the loss of coverage or notification of the right to continue coverage, whichever is later. A premium payment is required to activate coverage.

If you need more information about COBRA, contact your benefits office or EIP.

Survivors

Death of an Employee or Retiree

In the event of a death of an active employee, you as a surviving family member should contact the deceased's employer to report the death, terminate dental coverage and initiate survivor coverage (if applicable). In the event of a retiree's death, you should contact EIP.

If You Are a Survivor

If you are a covered spouse or child of a deceased employee or retiree covered by the plan, you can continue your Dental Plus coverage. You must pay the full premium to continue coverage. If you are the survivor of an active or retired employee, you must contact EIP to enroll. If you are a surviving spouse, you can continue coverage until you remarry. If you are a dependent child, you can continue coverage until you are no longer eligible as a dependent. If you are no longer eligible for coverage as a survivor, you may be eligible to continue Dental Plus coverage under COBRA. See the above COBRA section for details.

